

235212

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Bus
Certificate from FLORIDA TRAILS, INC.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 86 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: FLORIDA TRAILS, INC. (DAVID ANNETT) Telephone: (863) 655-6226
Address: 130 MADRID DRIVE Fax: (863) 655-6207
SEBRING, FL 33876 Other: _____
Email: personnel-safety@annettbuslines.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
FEB 21 2012
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

825

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
PREVOST	1996 H3-45	2PCH33498T1011311	33,400	58
PREVOST	1996 H3-45	2PCH3349XT1011312	33,400	58
PREVOST	1996 H3-45	2PCH33491T1011330	33,400	58
PREVOST	1996 H3-45	2PCH33495T1011525	33,400	58
PREVOST	1996 H3-45	2PCH33490T1011593	33,400	58
PREVOST	1996 H3-45	2PCH33497T1011431	33,400	56
PREVOST	1996 H3-45	2PCH33496T1011436	33,400	56
PREVOST	199 ⁵ H3-45	2P9H33491S1001093	33,400	56

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Florida Trails, Inc. d/b/a Annett Bus Lines

Name of Applicant

130 Madrid Drive

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 215,707.

Limits \$5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Protective Insurance Company

Name of Insurance Company

1099 N. Meridian Street, Suite 700 - Indianapolis, IN 46204

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/13/2012
Date


Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

OMB No.: 2126-0008
Expiration Date: 03/31/11

ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTION 18 OF THE BUS REGULATORY REFORM ACT OF 1982

Issued to Florida Trails, Inc. d/b/a Annett Bus Lines of Sebring, FL
Dated at Indianapolis, Indiana this 1st day of July, 20 11
Amending Policy No. TD000026 Effective Date July 1, 2011
Name of Insurance Company Protective Insurance Company

Countersigned by *[Signature]*
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]," for the limits shown:

☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000.00 for each accident.

☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: (800)231-6024.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions which result in Public Liability which the insured neither expected nor intended.
Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Motor Vehicle means a for-hire carrier of passengers by motor vehicle.
Property Damage means damage to or loss of use of tangible property.
Public Liability means liability for bodily injury or property damage.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a for-hire motor carrier of passengers with Section 18 of the Bus Regulatory Reform Act of 1982 and the rules and regulations of the Federal Motor Carrier Safety Administration.

However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment received against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to financial responsibility requirements of Section 18 of the Bus Regulatory Reform Act of 1982 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment. The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Bus Regulatory Reform Act of 1982 requires limits of financial responsibility according to vehicle seating capacity. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility. THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

Exhibit Fit, Willing, and Able (FWA)FLORIDA TRAILS, INC. d/b/a ANNETT BUS LINES

Name of Applicant

223283

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?



Yes



No



Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.



Satisfactory



Conditional



Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?



Yes (1)



No

Driver was not in possession of DOT medical card. The card was not expired at the time of inspection per review of copy maintained in Company files.

3. Are there currently any outstanding judgments against the Applicant?



Yes



No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?



Yes



No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?



Yes



No



U.S. Department of
Transportation
Federal Motor
Carrier Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

March 1, 2006

In reply refer to:
Your USDOT No.: 223283
Review No.: 446591/CR

BRIAN ANNETT
PRESIDENT
FLORIDA TRAILS INC
ANNETT BUS LINES
130 MADRID DR
SEBRING FL 33876-8105

Dear BRIAN ANNETT:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on February 24, 2006. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
545 JOHN KNOX ROAD, ROOM 102
TALLAHASSEE, FL 32303
Telephone No.: 850-942-9338

Charles A. Moran, III
Director, Office of Enforcement and
Compliance

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

David Annett for FLORIDA TRAILS, INC.
DAVID ANNETT Applicant's Signature d/b/a ANNETT BUS LINES

VICE PRESIDENT / OWNER

Title of Applicant (e.g. President, Owner, etc.)

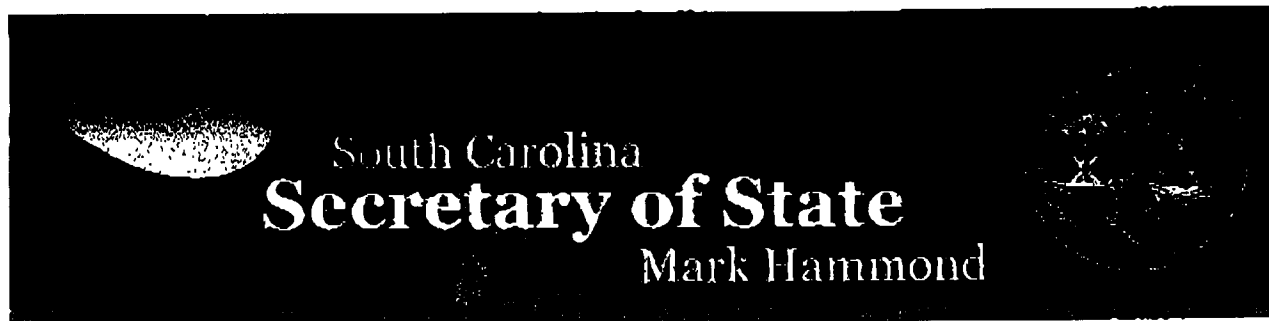
Florida
STATE OF ~~SOUTH CAROLINA~~)
COUNTY OF Highlands)

SWORN TO BEFORE ME
This 3rd day of February, 2012

Nicole St. Pierre
Notary Public

Commission Expires 11/14/14



**FLORIDA TRAILS INC.**

*Note: This online database was last updated on 2/2/2012 6:01:24 PM.
See our Disclaimer.*

DOMESTIC / FOREIGN:

Foreign

STATUS:

REG

STATE OF INCORPORATION

FLORIDA

/ ORGANIZATION:

Profit

REGISTERED AGENT INFORMATION**REGISTERED AGENT NAME:**

NAME REGISTRATION

ADDRESS:**CITY:****STATE:****ZIP:****SECOND ADDRESS:****FILE DATE:**

12/28/2011

EFFECTIVE DATE:

12/28/2011

DISSOLVED DATE:

//

Corporation History Records

CODE	FILE DATE	COMMENT	Document
Registration	12/28/2011	SCBOS Filing; REGISTERED BY: LINDA TURK	

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Dec 28 2011

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

111228-0231

Filed: 12/28/2011

FLORIDA TRAILS INC.

Filing Fee: \$10.00 ORIG



Mark Hammond

South Carolina Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION TO REGISTER
CORPORATE NAME
BY A FOREIGN CORPORATION**

Pursuant to Sections 33-4-103 and 33-15-106 of the 1976 South Carolina Code, as amended, the under-
signed foreign corporation hereby applies to the Secretary of State to register the following corporate
name, FLORIDA TRAILS INC. for the calendar year ending December 31, 2011 and in
support of its application states that:

1. The name of the corporation is FLORIDA TRAILS INC.
2. Its jurisdiction of incorporation is FLORIDA
3. The date of its incorporation is 1982-01-01
4. A brief description of the business in which the corporation is engaged is:
CHARTER BUS
5. The name to be registered is FLORIDA TRAILS INC.
6. State whether application is a new or renewal application _____

Date 2011-12-28

LINDA TURK

Name of Applicant

Electronically signed through SCBOS.

Signature

COMPTROLLER

Title